



REQUEST FOR PRE-APPROVAL FOR OUT-OF-STATE DUI EDUCATION COURSE

To request Pre-Approval for out-of-state DUI Education Course, please complete sections A - D:

SECTION A:

Name of Program providing DUI Education Course _____

Program Mailing Address _____ City, State, Zip _____

Telephone _____ Name of Director / Clinical Supervisor _____

SECTION B:

Name of educational curriculum/program being implemented? _____

Is this curriculum/program (circle the appropriate answer)

Evidence-Based Best Practice Promising Practice None of the above

Does the educational curriculum/program meet your state's DUI educational requirement?

Yes No

What is the length in hours for this course? _____

SECTION C:

Please include a copy of the following documents with this form:

1. A copy of the addiction counselor roster for counselors who conduct the course and assessment.
2. A copy of the course agenda with date and times to verify length of course in hours.
3. A copy of the course content; this can be provided by a copy of the table of contents, outline of course, or copy of curriculum.

SECTION D:

Return this form and attached documents to:

**Chemical Dependency Bureau
Addictive and Mental Disorder Division
MT Dept. Public Health and Human Services
PO Box 202905
100 N. Park Avenue, Suite 300
Helena, MT 59620-2905**

Fax: 406-444-4435

For DPHHS Chemical Dependency Bureau to complete:

ACT DUI Education Course _____ approved _____ not approved

If not approved, reason: _____

Date: _____ Signature of Reviewer: _____

Printed Name and Title: _____